

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041954

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

62

Primary Registration District No.

4108

Registrar's No.

1. PLACE OF DEATH

a. COUNTY Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Stockton

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cedar

c. CITY  
OR  
TOWN StocktonInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 206 S. Church St.Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
206 S. Church St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
WALTER HARRY STINSON4. DATE OF DEATH  
Month Day Year  
Dec. 6, 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
8-2-789. AGE (last birthday)  
84IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Farmer10b. KIND OF BUSINESS OR INDUSTRY  
Farming11. BIRTHPLACE (City and state or country)  
Mt. Sterling, Ill.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Jim Stinson

13b. MOTHER'S MAIDEN NAME

Serelda Reaves

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Courtland Campbell, Stockton, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH  
1 hr.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Anterior wall Myocardial Infarction

10 yrs.

DUE TO (c)

Chronic nephritis

disease

1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9.12.53 to 12.6.62 and last saw him alive on 12.6.62

Death occurred at 7:42 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm B Richter MD

22b. ADDRESS

Stockton Mo

22c. DATE SIGNED

12.7.62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

12-9-62

23c. NAME OF CEMETERY OR CREMATORY

Stockton City Cem.

23d. LOCATION (City, town, or county)

Stockton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

CANTION FUN. HOME, STOCKTON, MO.

25. DATE RECD. BY LOCAL REG.

12-8-62

26. REGISTRAR'S SIGNATURE

Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

DATE AMENDED

12-2-63

Walter Perry Stinson

Walter Perry Stinson

3

Walter Perry Stinson

VS 300  
Rev. 4/59

10200

20200

3

4 0

5 2

6

7 1

8 0

9 420.1

10

11

12 70-0

13 2-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John G. Cantlon*

Licensed Embalmer No. 4387

P. O. Address Stockton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.